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ABSTRACT

The purpose of this ongoing study is to assess the impact of style of coping, self-image, family environment, and perceptions of parenting skills on the adaptation of adolescents to the stressors of parenthood. A total of 27 adolescent mothers and their infants, and a cohort of 16 pregnant teens, have thus far participated in the study. Each of the adolescents completed the Ways of Coping Scale-revised (WCS), the Offer Self-Image Questionnaire (OSIQ), the Family Environment Scale (FES), and several scales assessing pre- and post-natal perceptions of caretaking. Infants were administered a Gesell Developmental screening at 9 months of age. The mean OSIQ and FES case profiles indicate a generalized disruption of self-image and perceptions of family environment. However, the profile is not as disrupted for pregnant teens as for mothers. Pregnant teens' preference for emotion-based coping styles in dealing with the stressors of having a baby may partially account for these profile differences. The preliminary results also suggest that the disruption of self-image and the use of less effective forms of coping are related to negative attitudes toward caretaking. The data support the importance of examining how individual differences in coping styles affect caretaking perceptions, attitudes, and behavior. (RH)

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Pregnant Teens vs. Teen Mothers: Impact of Self-Image, Style of Coping, and Family Environment on Caretaking Perceptions

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Abstract

The overall objective of this ongoing study is to assess the impact of style of coping, self-image (OSIQ), family environment (FES), and perceptions of parenting skills on the adaptation of adolescents to the stressors of parenthood. Twenty seven adolescent mothers and their infants and a cohort of sixteen pregnant teens have thus far participated in the study. The mean OSIQ and FES case profiles indicate a generarilzed disruption of self-image and perceptions of family environment. However, the profile is not as disrupted for pregnant teens as for mothers. Pregnant teens' preference for emotion-based coping styles in dealing with the stressors of having a baby might partially account for these profile differences. The preliminary results also suggest that the disruption of self-image and the use of less effective forms of coping are related to negative attitudes toward caretaking. The data support the importance of examining how individual differences in coping styles impact caretaking perceptions, attitudes and behavior.

Pregnant Teens vs. Teen Mothers: Impact of Self-Image, Style of Coping, and Family Environment on Caretaking Perceptions

A substantial body of research is accumulating which examines the impact of teenage pregnancy on both the mother and the infant. One assumption has been that in comparison with an older mother, an adolescent mother may have more difficulty in caring for her child because of her age and the stressors which accompany youthful pregnancy. The adolescent must continue to meet the normative psychosocial tasks associated with this complex stage of development as well as cope with the stressors associated with caring for a child.

Maternal stress has been shown to adversely affect maternal sensitivity and thus mother-infant attachment (Ragozin, Basham, Crnic, Greenberg, & Robinson, 1982). Adolescent mothers often have unrealistic expectations for their infants (Elster, McAnarney, & Lamb, 1983; Field, Widmayer, Stringer, & Ignatoff, 1980), and infants of adolescent mothers are consistently found to lag behind in their cognitive development when compared with infants of older mothers (Baldwin & Cain, 1980). One study (Zongker, 1977) reported that compared to a control group, adolescent mothers exhibit poorer self-esteem, greater feelings of inadequacy, and more dissatisfaction with body image. Unfortunately, poor methodological control makes this study

difficult to interpret, especially since other researchers have not found similar relationships (e.g., Ralph, Lochman, & Thomas, 1984).

Other research has not consistently supported this deficit model of adolescent motherhood (e.g., Lamb & Elster, 1985). In contrast, some evidence has suggested that adolescent mothers are not a homogeneous group who necessarily respond similarly to the stressor of having and raising an infant.

Recent research in the area has suggested that the study of individual differences might be useful in identifying those risk factors which can affect the mother-infant interaction (e.g., C letta & Gregg, 1981; Halverson & Eberhart-Wright, 1986). There is a wide variation in the adaptation of adolescent mothers to the stressors of parenthood. Indeed, one study (Colletta & Gregg, 1981) found that adolescent mothers who use direct action as a method of coping with problems, experienced less stress than did those mothers who used more emotional styles of coping. Overall, this research suggests that the delineation of factors related to risks for pregnancy and for sub-optimal maternal caretaking can provide the basis for selective intervention strategies designed to enhance the individual coping styles of adolescents in their efforts to avoid pregnancy or deal more adequately with the stressors of motherhood.

The conceptual framework of the present study is based upon a transactional coping and stress model (Belsky & Isabella, 1988)

for the study of multiple risk factors. Three general risk factors can be derived from the model to the study of adolescent pregnancy and maternal caretaking. These are environmental factors, maternal characteristics, and maternal perceptions of child characteristics. The overall objective of this ongoing study is to evaluate each level of this transactional model, their relationship to each other, and their value as predictors of maternal caretaking styles and infant development.

Specifically, the study investigates the relationship between the teens' perception of family environment (environmental characteristics), style of coping, as they are subjected to the stressors associated with pregnancy and motherhood, self-image (maternal characteristics), and perceptions of self as parent, caretaking skills, and infant temperament and development (perception of child characteristics). These factors are examined in a group of parenting teens and a cohort of pregnant teens.

Method

Twenty-seven parenting teens (M age = 18.4 years), their infants (M age = 10.4 months), and a cohort of sixteen pregnant teens in their second and third trimester of pregnancy, have thus far participated in the study. The teens are primarily primiparous (92.3%) and are about evenly divided on race (57.7% white and 42.3% black). Almost one-third (30.8%) reported that they were abused as children. Each of the adolescents completed the Ways of Coping Scale-revised (WCS; Folkman & Lazarus, 1985),

the Offer Self-Image Questionnaire (OSIQ; Offer, Ostrov, & Howard, 1977), the Family Environment Scale (FES; Moos, 1974), and several scales assessing pre- and post- natal perceptions of caretaking. The infants were given a Gesell Developmental screening at 9 months of age.

Results and Discussion

Figure 1 presents the mean OSIQ case profiles. The profiles indicate a generalized disruption of self-image, particularly for the emotional tone and family relationship subscales for both the adolescent mothers and the pregnant teens. The profiles suggest that the adolescents have not developed good emotional control and may experience great emotional fluctuations. They also feel lonely, isolated, and do not perceive themselves as getting along with their families. Intercorrelations among OSIQ scales suggest that those adolescents with more positive self-images in other areas, however, have a more positive emotional tone self-image (all $p < .05$).

As compared with parenting teens, the self-image profile for pregnant teens is less disrupted. The profile indicates that body and self-image is significantly more positive among pregnant teens than for parenting teens ($p < .05$). These results might be partially explained by the difference in preference in coping styles found for pregnant teens and adolescent mothers. There was a preference for adolescent mothers to use more active, problem-based coping styles whereas pregnant teens used more passive/emotion-based coping styles. As compared with parenting

teens, pregnant teens focused significantly more on the positive, denying much of the reality of their situation ($p < .01$). Additionally, preference for the emotion-based coping styles of self-blame and focusing on the positive were related to more negative caretaking attitudes e.g., the infant will be more trouble to care for, more frustrating, and more disruptive ($.35 > r < .60$).

Self-image was also related to perceptions of caretaking. Those teens found to have generally better self-images also reported more realistic and positive views about caring for their infant (all $p < .05$). Mothers with poorer self-images believed that their infant was more frustrating to care for and that their infant was more demanding ($.37 < r < .58$). Pregnant teens with poorer self-images believed that their infant would be more work than pleasure to care for and generally had more negative and unrealistic viwes about caring for their infant ($.54 < r < .68$).

Pregnant teens were also found to use more self-blame and tension reducing styles of coping (e.g., drug use) than mothers. A negative relationship between the negative coping styles of self-blame and wishful thinking were significant for several of the OSIQ scales (all $p < .05$). Using emotion-based coping styles (as opposed to problem-based coping styles), such as blaming oneself or wishing that things were different, were related to more disrupton of self-image. The emotion-based coping styles of self-blame, wishful thinking, and tension reduction were also negatively related to several of the FES scales (all $p < .05$).

Adolescents who perceived their families as particualrly less cohesive, less expressive, less active, less independent, less organized, less moral, and more conflicted were likely to incorporate emotion-based coping styles when dealing with the stressors associated with having a baby.

The FES profiles revealed that the teens perceived their family environment to be especially disrupted (5 of the 10 subscales fall significantly below the standard mean, particularly expressiveness). The intercorrelations, however, between the OSIQ and the FES indicated that when the adolescent perceived her family as more cohesive, more achievement and independent oriented, more active, more organized and less conflicted, her general self-image was much more positive (all $p < .05$).

The age of the adolescent was also found to be significantly related to the use of self-blame as a preferred coping style ($p < .03$). The results indicated that younger adolescents (under 17) were less likely to use self-blame than were older adolescents (over 17). Additionally, the results suggested that older adolescents were more likely to report more disruption of self-image than younger adolescents; this pattern was particularly evident for self-image related to body and self-image ($r = -.61$, $p < .001$), social relationships ($r = -.55$, $p < .006$), emotional tone ($r = .52$, $p < .009$) and sexual attitudes ($r = .44$, $p < .04$).

In comparison to the older adolescents, many of the younger adolescents were still living at home with their parents and might be receiving extra social support. Social support could be hypothesized as one reason for the discrepant age findings. An alternative explanation for the findings might have been that younger adolescents were exhibiting more denial and an unrealistic estimation of the impact of an infant on their lives. Regardless of the explanation, these results are curious and suggest the need for further research.

The preliminary results indicate that in general, the adolescents exhibit a disruption of self-image which is consistent with findings from others research (e.g., Zongker, 1977). A relationship between the use of emotion-based coping styles and perceived stress also supports other findings (e.g., Colletta & Gregg, 1981; Stern & Zevon, 1989). The present study further suggests that the lack of perceived social support, especially in the form of family relations, is clearly related to disruption of self-image and the use of less effective forms of coping by the adolescents. The data clearly support the importance of examining individual differences in how adolescents cope with the stressors associated with having a child. Future research also needs to assess how negative caretaking attitudes specifically affect mother-infant interactions so that individually based, preventive-oriented intervenion strategies can be designed.

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FIGURE 1

OFFER SELF IMAGE QUESTIONNAIRE

MEAN PROFILE

PSYCHOLOGICAL SELF

- Impulse Control
- Emotional Tone
- Body and Self Image

SOCIAL SELF

- Social Relationships
- Morals
- Vocat./Educat. Goals

SEXUAL SELF

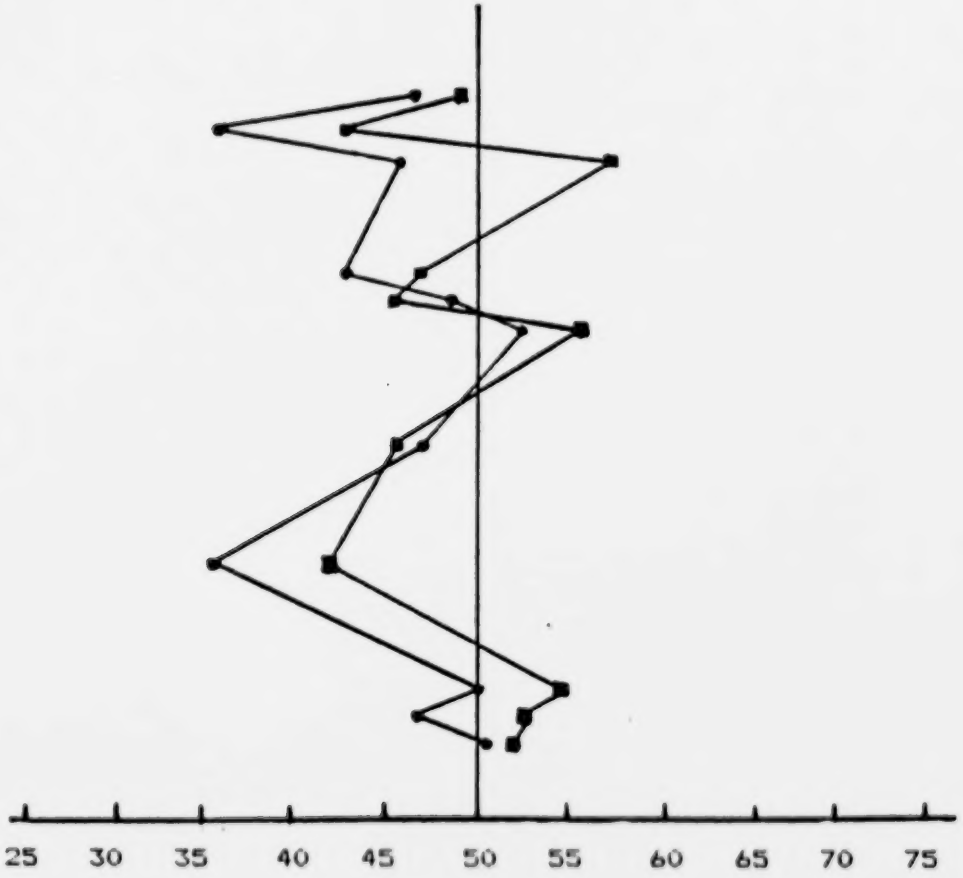
- Sexual Attitudes

FAMILY SELF

- Family Relationships

COPING SELF

- Mastery Ext. World
- Psychopathology
- Superior Adjustment



STANDARD SCORES

KEY:
- ADOLESCENT MOTHERS
- PREGNANT ADOLESCENTS

NOTE: HIGHER T-SCORES, BETTER ADJUSTMENT